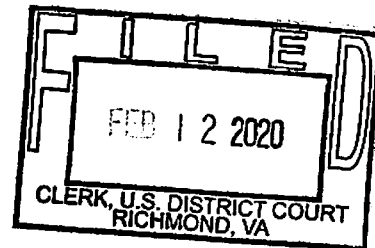


IN THE UNITED STATES DISTRICT COURT
FOR THE _____ DISTRICT OF VIRGINIA.
COMPLAINT UNDER CIVIL RIGHTS ACT 42 U.S.C. § 1983



Action Number 3:20cv088
(To be supplied by the Clerk U.S. District Court)

Please fill out this complaint form completely. The court needs the information requested in order to assure that your complaint is processed as quickly as possible and that all your claims are addressed. Please print/write legibly or type.

I. PARTIES

A. Plaintiff:

1. (a) David Washington
(Name)
- (b) 1060558
(Inmate Number)
- (c) Sussex II State Prison

(Address)

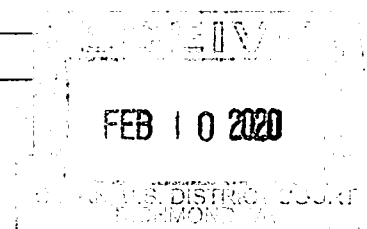
Plaintiff MUST keep the Clerk of Court notified of any change of address due to transfer or release. If plaintiff fails to keep the Clerk informed of such change, this action may be dismissed.

B. Defendant (s):

Plaintiff is advised that only persons acting under color of state law are proper defendants under section 1983. The Commonwealth of Virginia is immune under the Eleventh Amendment.

Private parties such as attorneys and other inmates may not be sued under section 1983. In addition, liability under section 1983 requires personal action by the defendant that caused you harm. Normally, the Director of the Department of Corrections, wardens and sheriffs are not liable under section 1983 just because they supervise persons who may have violated your rights. These persons are liable only if they were personally involved in the alleged deprivation. In addition, prisons, jails, and departments within an institution are not persons under section 1983.

1. (a) Dr. Brooks
(Name)
- (b) Institutional Doctor
(Title/job description)
- (c) Sussex II State Prison
24427 Musselwhite Drive
Waverly, Va. 23091
(Address)



2. (a) N/A
(Name)

(b) _____
(Title/job description)

(c) _____

(Address)

3. (a) N/A
(Name)

(b) _____
(Title/job description)

(c) _____

(Address)

If there are additional defendants, please list them on a separate sheet of paper. Provide all identifying information for each defendant named.

Plaintiff MUST provide an address for defendant(s) in order for the court to serve the complaint. If plaintiff does not provide an address for a defendant, that person may be dismissed as a party to this action.

In addition, plaintiff MUST provide a copy of the completed compliant and any attachments for EACH defendant named.

II. PREVIOUS LAWSUITS

A. Have you ever begun other lawsuits in any state or federal court relating to your imprisonment?

Yes [] No [☒]

B. If your answer to A is YES: You must describe any lawsuit, whether currently pending or closed, in the space below. [If there is more than one lawsuit, you must describe each lawsuit on another sheet of paper, using the same outline, and attach hereto.]

N/A

1. Parties to previous lawsuit:

Plaintiff(s) N/A

Defendants(s) N/A

2. Court [if federal court, name the district; if state court, name the county]:

N/A

3. Date lawsuit filed: N/A
4. Docket number: N/A
5. Name of judge to whom case was assigned: N/A

6. Disposition [Was case dismissed? Appealed? Is it still pending? What relief was granted, if any?]:

N/A

III. GRIEVANCE PROCEDURE

A. At what institution did the events concerning your current complaint take place?

Sussex II State Prison, 24427 Musselwhite Drive, Waverly, VA.
23891.

B. Does the institution listed in A. have a grievance procedure? Yes ☒ No ☐

C. If your answer to B. is YES:

1. Did you file a grievance based on this complaint? Yes ☒ No ☐

2. If so, where and when: _____

3. What was the result? My claim was denied.

4. Did you appeal? Yes ☒ No ☐

5. Result of appeal: The step one grievance decision was up-
held.

D. If there was no prison grievance procedure in the institution, did you complain to the prison authorities?

Yes ☐ No ☐

If your answer is YES: What steps did you take? N/A

E. If your answer is No, explain why you did not submit your complaint to the prison authorities.

N/A

IV. STATEMENT OF THE CLAIM

[State here as briefly as possible the facts of your case. Describe how each defendant is involved and how you were harmed by their actions. Also include the names of any other persons involved, dates and places of events. You may cite constitutional amendments you allege were violated, but DO NOT give any legal arguments or cite any cases or statutes. If you intend to allege several related claims, number and set forth each claim in a separate paragraph.]

Defendant Dr. Michael D. Brooks was deliberately indifferent to my serious medical needs beginning the first week of February 2019 when he was shown my swollen legs AND a piece of skin that came off of my toe AND stuck to my sock AND I explained I was in Extreme pain, had the same problem in the past which was successfully treated with Antibiotics, AND he simply told me (A diabetic) to wrap the toe AND stop complaining. Over the course of the month the toe got progressively worse AND emitted a foul rotten smell. Brooks continued to deny my request for Antibiotics AND to be seen by another provider until I was finally seen by Ms. Alarido, N.P. on January 30, 2019; she gave me the Antibiotics after seeing AND smelling my rotting toe; AND the next day I was sent to the emergency room at Petersburg South Side Regional Hospital where I was admitted with a severe infection.

Doctors AND various medical personnel fought to save my toe for (11) days to NO avail. On Feb, 2, 2019 my toe was amputated.

Dr. Brooks' failure to provide me with Adequate medical care caused me to suffer extreme pain (which continues), the loss of my toe; mental AND emotional torture/anguish; the loss of mobility AND balance; trouble sleeping AND concentrating due to constantly dealing with pain AND the process that led to the loss of my toe.

The long duration of this injury put doctor Brooks on sufficient notice that I needed more than just cursory medical attention.

(Attach additional sheets if necessary)

V. RELIEF

I understand that in a section 1983 action the court cannot change my sentence, release me from custody or restore good time. I understand I should file a petition for writ of habeas corpus if I desire this type of relief.
D.W. [please initial]

The plaintiff wants the court to: [check those remedies you seek]

☒ award money damages in the amount of \$ To be established At Trial.
☐ grant injunctive relief by _____

☒ Other Out of pocket expenses; Cost; Attorney Fees; Pre and Post
Interest
Trial at the highest lawful rate;

VI. PLACES OF INCARCERATION

Please list the institutions at which you were incarcerated during the last six months. If you were transferred during this period, list the date (s) of transfer. Provide an address for each institution.

Sussex II State Prison, 24427 Waverly, VA. 23891

VII. CONSENT

CONSENT TO TRIAL BY A MAGISTRATE JUDGE: The parties are advised of their right, pursuant to 28 U.S.C. § 636 (C), to have a U.S. Magistrate Judge preside over a trial, with appeal to the U.S. Court of Appeals for the Fourth Circuit.

DO YOU CONSENT TO PROCEED BEFORE A U.S. MAGISTRATE: Yes [] No [☒]

You may consent at any time; however, any early consent is encouraged.

VIII. SIGNATURE

If there is more than one plaintiff, each plaintiff must sign for himself or herself.

Signed this 4 day of FEBRUARY, 20 20

Plaintiff Darrell Washington
(SIGNATURE)

David Washington 1060558-4-B-1
Dusook 2 Pardon
24437 muddalwhite drive
Wheelerly, VA 23591

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FEB 06 2020

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FEB 06 2020

MAIL ROOM
USSEX II STATE PRISON

U.S. District Court

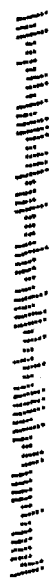
Eastern District of V.A.

Richmond Division

701 East Broad Street, Suite 3000

Richmond, VA 23219

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